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To: Health Reform and Public Health Cabinet Committee

Date: 15 January 2019

Subject: **Contract Monitoring Report – Sexual Health Services**

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary:

This report provides the Committee with an update on the performance, outcomes and value for money of the sexual health services commissioned by KCC.

These statutory services are performing well, and commissioners are in the process of remodelling services to respond to the needs assessment and revised Commissioning Strategy presented to this Committee in September 2018.

The Committee endorsed the decision to incorporate elements of the sexual health services into the existing KCC and KCHFT Partnership and to form a new partnership with MTW to deliver the remaining services. A competitive tendering exercise has now been undertaken for the Children and Young People's (CYP) condom programme and a new contract will commence on 1st April 2019.

KCC's chosen contracting approach offers flexibility, value for money continuous improvement and delivery outcomes.

Recommendation

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on:

- the commissioning and provision of Sexual Health services in Kent
- service improvement initiatives being undertaken to improve quality and outcomes
- progress to date on the implementation of the commissioning strategy which includes the re-modelling of services and the outcome of the condom procurement process.

1. Introduction

1.1. This report provides the Committee with an update on the performance, outcomes and value for money of the sexual health services commissioned by Kent County Council (KCC). It includes detail of the contracting and management arrangements in place for these services.

1.2. The committee has previously commented on the commissioning strategy for sexual health and this paper includes an update on the progress made to implement the agreed approach.

- 1.3. As with previous contract management papers, this report presents an update on performance, outcomes and ongoing work to transform the services and respond to changing patterns of demand.

2. Background

Sexual health is not a single issue as it is affected by varying things including childhood or adult experiences, vulnerability, lifestyle and mental health. Poor sexual health creates a significant burden of disease through sexually transmitted infections, particularly repeat or undiagnosed infections.

- 2.1. Since 2013, KCC has a statutory obligation to provide a range of open access sexual health services across the county. This includes providing sexual health information and advice; contraception; testing, diagnosis, treatment and management of sexually transmitted infections (STIs) and HIV; and raising awareness about the prevention of STIs. KCC also has a statutory obligation under the Care Act to prevent the escalation of need which includes prevention, early identification and treatment of sexual disease.

3. Service Outcomes

- 3.1. The two key risks that sexual health services aim to address are:

- **Risk of sexually transmitted infections** - good access to effective testing and treatment is essential to reduce the burden of disease and to prevent escalation of needs
- **Risk of unwanted pregnancy** - good access to planned and emergency contraception is also essential to help reduce unwanted pregnancy and improve sexual health and emotional wellbeing.

- 3.2. Key outcome are set out below. A number of these link directly back to the Public Health Outcomes which are nationally reported

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> (PHOF).¹

- Improved access to all sexual services amongst those at highest risk of sexual ill health
- Increased use of planned contraception
- Reduce unwanted pregnancies among women of fertile age
- Reduce rates of STI diagnoses in the population
- Increase uptake of effective methods of contraception
- To reduce inequalities in sexual health
- To contribute to a reduction in unplanned pregnancies especially amongst under 18s (PHOF)
- Reduce repeat terminations
- Reduce rates of people presenting with HIV at a late stage of infection (PHOF)
- Reduce chlamydia detected in 15 – 24-year olds (PHOF)

¹ The Public Health Outcomes Framework *Healthy lives, healthy people: Improving outcomes and supporting transparency* 2016-2019

4. Overview of services

- 4.1. KCC spends approx. £12.9m p.a. (supplemented by income from NHS England²) to commission a range of sexual health services. These are delivered in a number of settings, include an online offer, Children & Young People (CYP) specific services and includes clinics outside of core working hours.
- 4.2. Services provided are detailed in Appendix A but include:
 - Open access integrated sexual health service
 - Provision of a condom programme with access online
 - Psychosexual counselling
 - Emergency contraception
 - Chlamydia treatment through community pharmacies
 - General Practice provision of long acting reversible contraception
- 4.3. Most of these are clinical services and are commissioned through contracts with local NHS providers and the table at Appendix A provides a breakdown of the providers and contract values for each of these services.
- 4.4. In addition to its commissioned services, KCC is responsible for paying the costs of STI testing and treatment (via GUM clinics) of Kent residents even when the service is provided outside Kent. This presents an additional demand pressure on the sexual health budget.

5. Contracting Arrangements

- 5.1 Public Health are in the process of remodelling services and in September 2018 the Committee agreed to include a number of the sexual health services into the existing KCHFT partnership, to form a new partnership with MTW for the provision of integrated sexual health services (many of which are specialised clinical services) and an online STI testing service.
- 5.2 The proposal for LARC is to continue contracting directly with GP surgeries and for the condom scheme we will be awarding a new contract by early January 2019 following a competitive procurement process.
- 5.3 As part of the last round of retendering in 2015, KCC took on responsibility for leasing the main sexual health service premises. This arrangement has given KCC a greater degree of control over where the services are located to meet the need of the population. The leasing arrangements are managed through KCC's Property Commissioning team and GEN2.

6. Contract Management Approach

- 6.1. The service outcomes, requirements and standards are set out in contractual documentation and include a number of key performance indicators (KPIs). An overview of the key public health outcomes associated with sexual health services are included at Appendix B.
- 6.2. KCC has an effective contract management process in place and uses activity based contracting and open book accounting to ensure value for money. KCC only pays for services delivered and this support service meets changing patterns of demand.
- 6.3. This commercial strategy has enabled us to get a clearer idea of the demand for services which has informed commissioning strategies for service post April 2019.

² NHS England contribution funds HIV outpatient services delivered through the KCC contracts

7. How are contracts performing?

- 7.1. Performance data from the past two years illustrates good performance, excellent levels of access for urgent GUM cases and has good levels of clinic and outreach capacity.
- 7.2. The increasing numbers of STI diagnoses, continuing increase in demand for the online services and the high levels of service user satisfaction all indicate that the services are effective and compliant with contractual requirements. Figures 1 and 2 below shows KPIs on service offering and uptake.

Figure 1 – Clinic appointments offered within 48 hours

| HRPHCC & QPR Sexual Health Services KPI | Floor Target | Target | Q1 17/18 | Q2 17/18 | Q3 17/18 | Q4 17/18 | Q1 18/19 | Q2 18/19 |
|---|--------------|--------|----------|----------|----------|----------|----------------|-----------------|
| % of clients accessing GUM services offered an appointment to be seen within 48 hours | 72% | 90% | 100% (g) | 100% (g) | 100% (g) | 100% (g) | 9,772 100% (g) | 10,024 100% (g) |

Figure 2 – Number of people accessing Sexual health services

| HRPHCC Sexual Health Service Activity Measure | 2015/16 | 2016/17 | 2017/18 |
|--|---------|---------|---------|
| Number of people accessing KCC commissioned sexual health services | 73,153 | 78,144 | 75,694 |

- 7.3 Data produced by Public Health England on Healthier Lives shows a national comparison of key health indicators and allows for comparison by region. Appendix C shows Kent's rank within its CIPFA nearest neighbours (most similar local authorities) on Sexual and Reproductive health. Kent is ranked 15 out of 16 and from the data it is clear that this is due to reduced levels of screening at first attendance. There is a need to increase uptake of screening through remodelled services and introduce a new KPI to address this issue. Kent performs well on other unrelated metrics and this change should improve its ranking.

- 7.4 The services are well received by the users and regular feedback is received by the providers. Appendix D highlights a selection of user feedback on the service on both the integrated sexual health services and the CYP condom programme.

8. Transformation and continuous improvement

- 8.1 A key part of contract management is striving for continuous improvement in service delivery and outcomes. KCC has worked closely with service providers to find innovative ways to provide services in a cost-effective way and ensure that local services meet current needs.
- 8.2 The online home-testing service is one such example which offers residents the ability to test themselves for STIs confidentially in the comfort of their own home. Not only is this quicker for the user, it provides a service that young people said they wanted and offers a financial saving.
- 8.3 Sexual health services aim to offer choice and try to respond to user feedback from service data. This includes increasing drop in clinics, additional provision at evenings and weekend and introduction of PrEP - (HIV Pre-exposure Prophylaxis) which is a new way for people to reduce their risk of acquiring HIV.

8.4 KCC has also worked to progress property projects and a new clinic in Dartford will open in 2019 and provide a wider service in an area that we know has increased needs.

9. Risks

9.1. There are a number of risks associated with the commissioning and delivery of sexual health services which are set out below. These are managed through the commissioning cycle and contract monitoring process including the transformation and mobilisation process.

- **Demand-led services** – sexual health services must respond to population needs. A key risk going forward is the inability to remodel successfully to manage changes and increased demand within the budget available.
- **Transformation** – the potential risk of loss of staffing due to transition and changes in models
- **Premises** - pose an additional risk. These are provided by KCC and managed through GEN². The services rely on these in order deliver quality services. An additional risk for this programme of work includes changes in funding received from NHSE for the provision of HIV services.

9.2. These risks are managed by effective commissioning and contract monitoring, working collaboratively with providers to identify and examine emerging trends and to plan and monitor service capacity and usage. Ongoing collaboration with KCC property representatives ensures that we have effective premises available for services and commissioners are currently in dialogue with NHSE on the HIV services in order to ensure sufficient funding.

10. Conclusion

10.1. The KCC-commissioned sexual health services are currently performing well and KCC has effective contract management arrangements in place to ensure that KCC secures best value for money and continuous improvement.

10.2. The sexual health needs of the population are changing, and it is crucial that commissioned services adapt to new trends and emerging needs. Work is already currently underway to adapt the service to meet the needs of the users within the budget available and it is clear there is considerable opportunity to utilise technology advancements to develop the service.

10.3. KCC will need to continue to manage the risks to effective service delivery in order to ensure it complies with its statutory obligations and NHS guidance to ensure provision of comprehensive open access sexual health services.

Recommendation

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Background Documents:

Sexual health needs assessment -

https://www.kpho.org.uk/_data/assets/pdf_file/0006/89151/Kent-sexual-health-needs-assessment-Final.pdf

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Appendix A – Contract values

| Contract | Contractor | Allocated budget for 2018/19 | Scope |
|--|--|------------------------------|---|
| North and West Kent Integrated Specialist Sexual Health Service (Genito Urinary Medicine/Contraception/HIV Outpatient Service) | Maidstone and Tunbridge Wells NHS Trust (MTW) | £4,195,547 | Open access sexual health services across North and West Kent: <ul style="list-style-type: none"> • STI testing, diagnosis and treatment • Contraception • HIV outpatient care (on behalf of NHS England) |
| East Kent Integrated Specialist Sexual Health Service (Genito Urinary Medicine/Contraception/HIV Outpatient Service) | Kent Community Health NHS Foundation Trust (KCHFT) | £3,806,002 | Open access sexual health services across East Kent: <ul style="list-style-type: none"> • STI testing, diagnosis and treatment • Contraception • HIV outpatient care (on behalf of NHS England) • Co-ordination of the National Chlamydia Screening Programme in Kent |
| Psychosexual counselling / therapy across Kent | Kent Community Health NHS Foundation Trust (KCHFT) | £293,580 | Counselling services to support people with sexual health related concerns. |
| Online | Maidstone and Tunbridge Wells NHS Trust (MTW) | £482,000 | Access to online STI testing services and E-bureau for positive management results and partner notification |
| Pharmacy contract | Kent Community Health NHS Foundation Trust (KCHFT) | £384,373 | Subcontracting to pharmacy for the provision of: <ul style="list-style-type: none"> • Emergency oral contraception through pharmacies • Chlamydia treatment |
| Condom evaluation and establishment of a programme with outreach | METRO | £202,040 | Online free condom scheme for young people aged under 25 |
| LARC Programme including prescribing costs | 154 GP Surgeries | £2,040,823 | Provision of long acting reversible contraception and associated drugs |
| LARC Training | Navigate 2 | £100,000 | Training for practitioners on the insertion and removal of LARC systems and devices |
| Out of area charges | Various | £ 687,388 | Charges for Kent Residents who use open access sexual health services outside of Kent. |
| Premises revenue | Various | £518,914 | Various properties utilised for sexual |

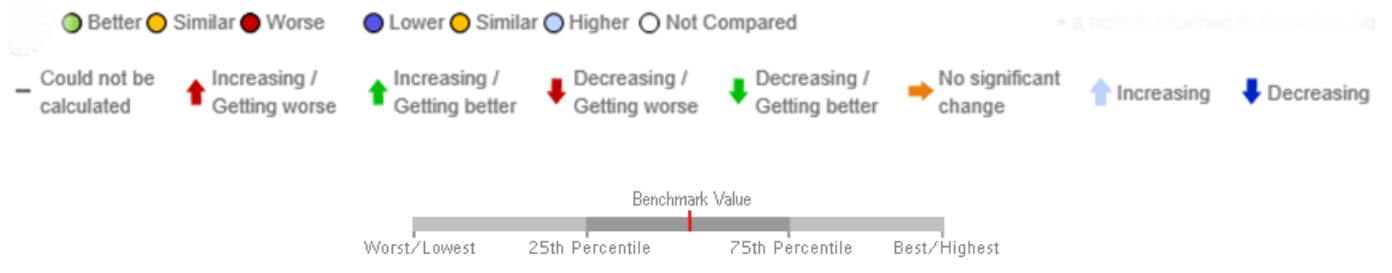
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|------------------|---------|--------------------|--|
| | | | health services cross Kent. |
| Premises Capital | Various | £191,600 | Various properties utilised for sexual health services cross Kent. |
| Total | | £12,902,267 | |

Note: The majority of the above operate on activity-based contracts and the above therefore represents anticipated spend.

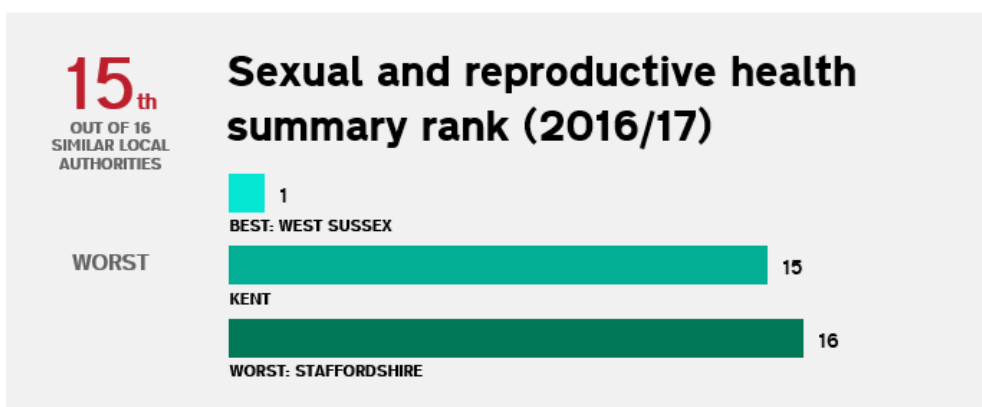
The capital spend is one off and dependant on timescales to develop new sites, this will deliver efficiencies in revenue spend by reducing the number of sites and provision of a sexual health Hub. The public health grant can be used for both revenue and capital spend.

Appendix B - Outcome Indicators

| Indicator | Period | Recent Trend | Kent | | Region England | | | England | | Best/Highest |
|--|--------|--------------|---------|--------|----------------|-------|--------------|---------|--------|--------------|
| | | | Count | Value | Value | Value | Worst/Lowest | Range | | |
| Syphilis diagnostic rate / 100,000 | 2017 | ↑ | 93 | 6.0 | 9.5 | 12.5 | 154.1 | | 0.7 | |
| Gonorrhoea diagnostic rate / 100,000 | 2017 | ↑ | 478 | 31.0 | 45.9 | 78.8 | 654.4 | | 12.1 | |
| Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) | 2017 | ↓ | 2,339 | 1,272 | 1510 | 1882 | 939 | | 4,463 | |
| Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) (Male) | 2017 | ↓ | 729 | 776 | 1018 | 1264 | 551 | | 3,350 | |
| Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) (Female) | 2017 | ↓ | 1,606 | 1,788 | 1961 | 2502 | 1,179 | | 5,410 | |
| Chlamydia proportion aged 15-24 screened | 2017 | ↓ | 25,943 | 14.1% | 17.1% | 19.3% | 9.1% | | 44.8% | |
| Chlamydia diagnostic rate / 100,000 | 2017 | ↓ | 3,411 | 221 | 278 | 361 | 174 | | 1,224 | |
| Chlamydia diagnostic rate / 100,000 aged 25+ | 2017 | ↑ | 1,068 | 99 | 135 | 189 | 67 | | 1,012 | |
| Genital warts diagnostic rate / 100,000 | 2017 | ↓ | 1,415 | 91.9 | 100.4 | 103.9 | 249.5 | | 55.0 | |
| Genital herpes diagnosis rate / 100,000 | 2017 | ↓ | 638 | 41.4 | 51.4 | 56.7 | 168.0 | | 22.7 | |
| All new STI diagnosis rate / 100,000 | 2017 | ↓ | 7,177 | 466 | 596 | 743 | 322 | | 2,925 | |
| New STI diagnoses (exc chlamydia aged <25) / 100,000 | 2017 | ↓ | 4,777 | 499 | 648 | 794 | 3,215 | | 329 | |
| STI testing rate (exc chlamydia aged <25) / 100,000 | 2017 | ↑ | 107,675 | 11,253 | 15061 | 16739 | 8,021 | | 59,480 | |
| STI testing positivity (exc chlamydia aged <25) % | 2017 | ↓ | 4,777 | 4.4% | 4.3% | 4.7% | 3.0% | | 8.1% | |
| HIV testing uptake, total (%) | 2017 | ↓ | 22,299 | 74.8% | 80.6% | 77.0% | 30.5% | | 91.9% | |



Appendix C – Healthier Lives Public Health England National Comparisons



Key for summary rank indicators

| Group | Definition | Label |
|-------|---|--------------------------|
| ■ | 1st quartile Lowest 25% of LAs (low rank is good) | Best |
| ■ | 2nd quartile LAs with values that lie between 25% and 50% in the rankings | Better than average rank |
| ■ | 3rd quartile LAs with values that lie between 50% and 75% in the rankings | Worse than average rank |
| ■ | 4th quartile Highest 25% of LAs | Worst |

Appendix D – User Feedback

User feedback from the Integrated Sexual Health services

| | |
|------------------------------------|--|
| Sexual Health Service - Dartford | I was able to get an appointment quickly. The healthcare professional who dealt with me was very understanding and empathetic, and also very thorough in ensuring I got the right treatment. I felt well informed and walked away feeling very positive. |
| Sexual Health Service - Thanet | Wonderful, felt better walking out, no judgement and made me feel really comfortable. |
| Sexual Health Service - Gravesend | Wonderful, helpful nurses who saw me with short notice and gave me emergency treatment and good support. |
| Sexual Health Service - Swale | All staff have been wonderful, kind and caring. They have been nothing but helpful and really are a credit to the NHS. |
| Sexual Health Service - Dover | I was treated by (staff name). She was a lovely lady and talked me through each step and reassured me and helped with issues I had. Extremely amazing nurse. Definitely would recommend and would have again. |
| Sexual Health Service - Canterbury | Easily accessed, drop in service, friendly non-judgmental staff, and discreet punctual delivery of test results. |
| Sexual Health Service - Ashford | Very professional, but also kind and warm service. Fairly prompt even though it is a walk in clinic. Easy to get to, loads of services available. |
| Sexual Health Service - Folkestone | Great service, friendly and helpful staff with a high standard of care. |

User Feedback Young Persons on the Condom Programme across Kent

"This was one of the best workshop's I have been to! Can they come back again? Was great we spoke about so much"

"Really friendly staff who understand how awkward it is to talk about"

"Session was helpful and delivered in a sensitive way, making sure not to assume gender or sexuality"

"Easy to talk to and made me feel less awkward"

"Informative, helpful and offers a very good service for people that need to know. Very helpful and interesting"

"I found this all very easy to understand and the service was excellent"